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Bib Data Sheet

CONFIRMATION NO. 2723

<b>SERIAL NUMBER</b> 10/748,761	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> D-3090	
<b>APPLICANTS</b> D. Russell Pflueger, Monarch Beach, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/624,915 07/22/2003 which claims benefit of 60/436,945 12/30/2002 <i>OK</i> and claims benefit of 60/437,058 12/30/2002 <i>OK</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/05/2004</b>					
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 19 24	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			
<b>ADDRESS</b> 33197					
<b>TITLE</b> Stent for maintaining patency of a body region					
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		